

Case Number:	CM15-0097663		
Date Assigned:	05/28/2015	Date of Injury:	05/11/2009
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old female sustained an industrial injury on 5/11/09. Documentation did not disclose a mechanism of injury, previous treatments or previous diagnostic testing. The injured worker was currently receiving treatment for ongoing chest pain, insomnia, gastroesophageal reflux disease and irritable bowel syndrome. In a pain management new patient consultation dated 4/10/15, the injured worker complained of pain to the lumbar spine, sacroiliac joint, right pelvis, right buttock right leg, knee, calf, ankle, shin and foot, left wrist and hand and cervical spine. The injured worker rated her pain 6/10 on the visual analog scale. The injured worker also complained of dizziness, anxiety, stress and insomnia. The injured worker reported feeling better with rest, topical compound cream and medications. Physical exam was remarkable for tenderness to palpation to the cervical spine, upper thoracic spine, bilateral wrists, lumbar spine, sacroiliac joints, buttocks, legs and left knee with decreased cervical spine range of motion, positive right Spurling's test, decreased bilateral wrist range of motion, positive right wrist Tinel's, decreased lumbar spine range of motion, positive right straight leg raise, decreased left knee range of motion with positive left McMurray's test. Current diagnoses included cervical disc disorder, lumbalgia, sciatica, lumbar intervertebral disc displacement without myelopathy, internal derangement of the knee and carpal tunnel syndrome. The treatment plan included magnetic resonance imaging of the cervical spine, lumbar spine and bilateral wrists, a prescription for topical compound cream (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Baclofen 2%), Cyclobenzaprine and Meloxicam and an interferential unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Baclofen 2%) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Baclofen Page(s): 41 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section, Topical Analgesics Section, Muscle Relaxants (for pain) Section Page(s): 63, 64, 67-73 and 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Topical Flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The request for FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Baclofen 2%) 180g is determined to not be medically necessary.

Cyclobenzaprine 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 22 and 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, and 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker is taking Cyclobenzaprine in a chronic nature and there is no evidence of an exacerbation of pain. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal

symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. Therefore, this request is not medically necessary.

Meloxicam 15mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-70 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section (NSAIDs), Specific Drug List and Adverse Effects Section Page(s): 22 and 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Meloxicam (Mobic) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. There is no evidence that the injured worker has pain from osteoarthritis. The request for Meloxicam 15mg #45 is determined to not be medically necessary.